

PLAINTIFF <b>UNITED STATES OF AMERICA</b>		COURT CASE NUMBER CR No. 04-10129-RCL	
DEFENDANT <b>MARK A. MCARDLE</b>		TYPE OF PROCESS <b>PRELIMINARY ORDER OF FORFEITURE</b>	
<b>SERVE AT</b>	Lorraine K. McArdle		
	ADDRESS (Street or RFD, Apartment No., City, State, and ZIP Code) 10 Jana Lane, Stratham, NH 03885		
SEND NOTICE OF SERVICE TO REQUESTER AT NAME AND ADDRESS BELOW:		Number of process to be served with this Form - 285	RECEIVED U.S. MARSHALS SERVICE BOSTON, MA 2007 MAR 21 4:37 PM
Kristina E. Barclay, Assistant U.S. Attorney United States Attorney's Office John Joseph Moakley United States Courthouse 1 Courthouse Way, Suite 9200 Boston, MA 02210		Number of parties to be served in this case	
		(Check for service on U.S.A.)	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Address, All Telephone Numbers, and Estimated Times Available For Service)

Please serve the attached Preliminary Order of Forfeiture upon the above-referenced individual by certified mail, return receipt requested.

LJT x3283

Signature of Attorney or other Originator requesting service on behalf of: <i>Kristina E. Barclay/LJT</i>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER (617) 748-3100	DATE March 16, 2007
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**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process No. _____	District of Origin No. <u>38</u>	District to Serve No. <u>49</u>	Signature of Authorized USMS Deputy or Clerk <i>Mary J. McG...</i>	Date <u>3/21/07</u>
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc. at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below).

Name and title of individual served (If not shown above):				<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.		
Address (complete only if different than shown above)				Date of Service <u>3/27/07</u>	Time am pm	
				Signature of U.S. Marshal or Deputy <i>Kate H. ...</i>		
Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount Owed to US Marshal or	Amount or Refund

REMARKS: *Served on Lorraine McArdle by certified mail. Return receipt card signed by Hazel McArdle on 3/27/07*

PRIOR EDITIONS MAY  
BE USED

✓ 1. CLERK OF THE COURT

FORM USM 285 (Rev. 12/15/80)

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Lorraine McAfee  
10 Jana Lane  
Stratham, NH 03885

2. Article Number (Copy from service label)

7005 1A20 0005 8534 1267

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

☒ Agent  
☐ Addressee

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

☐ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

RECEIVED  
MAR 29 12:03 PM  
U.S. MARSHAL  
CONCORD, NH